

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

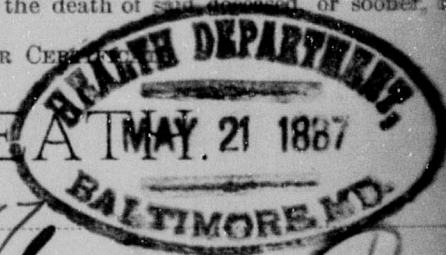
Permit No. *99912* Office of Registrar of Vital Statistics.

Ward *114*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, *May 21st - 1887*

Full Name of Deceased, *Hannah Swinn*

Sex, *Male* or Female, *Female*

Age, *70* Years, *0* Months, *0* Days

Color, *White*

Married, *Single*, *Widow* or *Widower*

Occupation, *Germany*

Birth Place, *Germany*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, *Church Court # 909*

Cause of Death, *Affection of the Heart*

Duration of Last Sickness, *Died suddenly*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *May 21/87*

Undertaker, *Geo. E. Brown*

L. G. Sparrow M. D.

Medical Attendant

Place of Business, *Health Office* Address.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

No. 77913
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99913 Office of Registrar of Vital Statistics.

Ward 5¹/₄

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, and, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard H. Witte } Florence } Parents

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single

Occupation, ☐

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1635 E. Monument St

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Effusion

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 21 1887

{ Undertaker, Fred Gaede } Geo. F. Taylor M. D.

Medical Attendant.

{ Place of Business, 108 S. Caroline St } Address, 728 N. B. way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to fill out the following and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. 99914 Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas. Tabbs.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

38

Years,

Months,

4

Days

Color,

Col.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Dray man.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Batts. Co.

Duration of Residence in the City of Baltimore,

Does not know

Place of Death,

{ Give Street and Number. }

388 C Loy Clay St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Phthisis Pulmonalis.

Duration of Last Sickness,

4 mos.

All the above information should be furnished by the Physician.

Place of Burial,

Mar. St. Cemetery

Date of Burial,

May 22 1887

Undertaker,

Heracles Bass

Place of Business,

409 Conmpt St.

Address,

For the & then

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99915
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department City of Baltimore.

Permit No. 99915 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Le Gate

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ancomico Co. Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give Street and Number. } 119 Carlton St.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, May 22 1887

{ Undertaker, Hercules Ross } M. D.

{ Place of Business, 404 Conover St } Address, 1209 N. ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99916 Office of Health Department Vital Statistics. Ward 15

The Physician who attended any person in this city, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th May 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Bonish

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 70 Years, 0 Months, 0 Days.

Color, Colored ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Wheelwright

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co MD

Duration of Residence in the City of Baltimore, 50 Yrs

Place of Death, { Give Street and Number. } N. 208. Welcome alley

Cause of Death, { First (Primary), Second (Immediate), } Paralysis or Hemiplegia
Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lawrence Cemetery

Date of Burial, May 22 1887

Undertaker, Hercules Ross L. D. D. P. S. M. D.

Medical Attendant.

Place of Business, 404 E. Canby St. Address, 224. Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

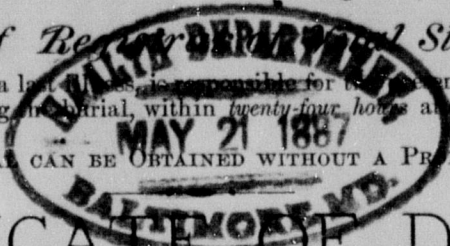
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99917 Office of Registration and Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 21st 1887

Full Name of Deceased, Elizabeth Plummer {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Female or Male, {Cross out the word not required in this line.}

Age, 30 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 1730, Patapsco

Cause of Death, {First (Primary), Measles
Second (Immediate), Bronchitis & Pneumonia}

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 23

{ Undertaker, B. M. Gule } Ground Over M. D.

{ Place of Business, 115 West } Address, 578 Hanover Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 77778
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99918 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Williams
Sex, Male or Female, {Cross out the word not required in this line.} Female
Age, 45 Years, Months, Days.
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.
Duration of Residence in the City of Baltimore, 27 years
Place of Death, {Give Street and Number.} 904 Druid Hill Ave
Cause of Death, {First (Primary), Typho-malarial Fever
Second (Immediate), Gastritis (Chronic)
Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, May 22nd 1887
{ Undertaker, Saml W Chase J. A. Green M. D.
Place of Business, 641 S Howard St Address, 437 N Biddle St
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99919 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 87

Full Name of Deceased, Barbara Reeside

Sex, Male or Female, Female

Age, 41 Years, 7 Months, ✓ Days.

Color, white

Married, Single, Widow or Widower

Occupation, Housekeeping

Birth Place, Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 1237 E. Eutan St.

Cause of Death, Paralysis

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 22/87

Undertaker, Chas. Henry Gentry

Place of Business, 715 Light Address, 540 Barre St.

Medical Attendant, J. Tyler Smith M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 99920 **OFFICE OF VITAL STATISTICS** of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Henry
Henry

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 Years, Months, ✓ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Travelling Agt.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Co. Sligo, Ireland

Duration of Residence in the City of Baltimore, Forty yrs.

Place of Death, { Give Street and Number. } 632 B. Washington St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonaris
& Exhaustion

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ch.

Date of Burial, May 22. 1887

Undertaker, John P. Burke M. D.

Place of Business, 63 N. Front St. Address, 2000 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9992 / Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 5 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1609 Madison Av.

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, May 22

{ Undertaker, Jacob Ahrens & Co. Medical Attendant, _____ M. D. }

{ Place of Business, 626 W Balto Address, _____ }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]